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VIRGINIA HIGHLANDS HLTH & REHAB CTR

W173 N10915 BERNIES WAY

GERMANTOWN 53022 Phone: (262) 509-3300 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 366 Skilled Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/04): 121 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/04): 121 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/04: 105 Average Daily Census: 105

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04) %							
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	34.3		
Supp. Home Care-Personal Care	No					1 - 4 Years	61.0		
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65 2.9		More Than 4 Years	4.8		
Day Services	No	Mental Illness (Org./Psy)	28.6	65 - 74	10.5				
Respite Care	No	Mental Illness (Other)	2.9	75 - 84	37.1		100.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42.9	*********	******		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.7	Full-Time Equivalent			
Congregate Meals No		Cancer 1.0				Nursing Staff per 100 Residents			
Home Delivered Meals	No	Fractures	13.3		100.0	(12/31/04)			
Other Meals	No	Cardiovascular	7.6	65 & Over	97.1				
Transportation	No	Cerebrovascular	9.5			RNs	10.2		
Referral Service	No	Diabetes	0.0	Gender	왕	LPNs	13.2		
Other Services	No	Respiratory	9.5			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	27.6	Male	21.9	Aides, & Orderlies	52.3		
Mentally Ill	No			Female	78.1				
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				
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Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		amily Care			Managed Care	l		
Level of Care	No.	જે	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	3	5.3	151	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.9
Skilled Care	22	100.0	384	50	87.7	130	0	0.0	0	24	100.0	216	0	0.0	0	2	100.0	270	98	93.3
Intermediate				4	7.0	109	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	3.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	22	100.0		57	100.0		0	0.0		24	100.0		0	0.0		2	100.0		105	100.0

Admissions, Discharges, and Deaths During Reporting Period					berviees, air	d Activities as of 12/	
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	6.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.9		77.1	21.0	105
Other Nursing Homes	2.7	Dressing	7.6		70.5	21.9	105
Acute Care Hospitals	90.8	Transferring	29.5		58.1	12.4	105
Psych. HospMR/DD Facilities	0.0	Toilet Use	19.0		66.7	14.3	105
Rehabilitation Hospitals	0.0	Eating	56.2		28.6	15.2	105
Other Locations	0.0	******	******	*****	******	*******	*****
Total Number of Admissions	260	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	2.9	Receiving Resp	iratory Care	6.7
Private Home/No Home Health	42.3	Occ/Freq. Incontiner	nt of Bladder	62.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	23.1	Occ/Freq. Incontiner	nt of Bowel	55.2	Receiving Suct	ioning	0.0
Other Nursing Homes	3.1				Receiving Osto	my Care	1.9
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	1.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.9	Receiving Mech	anically Altered Diets	25.7
Rehabilitation Hospitals	0.0						
Other Locations	10.4	Skin Care			Other Resident C	haracteristics	
Deaths	21.2	With Pressure Sores		5.7	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		6.7	Medications		
(Including Deaths)	260	İ			Receiving Psyc	hoactive Drugs	61.0

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		Owne	ership:	Bed	Size:	Lic	ensure:					
	This	This Proprietary Facility Peer Group		100	-199	Ski	lled	Al	1			
	Facility			Peer	Group	Peer Group		Faci	lities			
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio			
Organization Patrick Resource Daily Consus (Lineared Dada	06.0	06.4	1 00	06.5	1 00	07.2	0.00	0.0	0.00			
Occupancy Rate: Average Daily Census/Licensed Beds	86.8	86.4	1.00	86.5	1.00	87.3	0.99	88.8	0.98			
Current Residents from In-County	46.7	85.0	0.55	87.0	0.54	85.8	0.54	77.4	0.60			
Admissions from In-County, Still Residing	9.6	18.1	0.53	18.9	0.51	20.1	0.48	19.4	0.50			
Admissions/Average Daily Census	247.6	199.9	1.24	188.2	1.32	173.5	1.43	146.5	1.69			
Discharges/Average Daily Census	247.6	201.1	1.23	190.4	1.30	174.4	1.42	148.0	1.67			
Discharges To Private Residence/Average Daily Census	161.9	83.1	1.95	77.5	2.09	70.3	2.30	66.9	2.42			
Residents Receiving Skilled Care	96.2	95.8	1.00	95.9	1.00	95.8	1.00	89.9	1.07			
Residents Aged 65 and Older	97.1	84.4	1.15	90.5	1.07	90.7	1.07	87.9	1.11			
Title 19 (Medicaid) Funded Residents	54.3	61.2	0.89	56.3	0.96	56.7	0.96	66.1	0.82			
Private Pay Funded Residents	22.9	13.7	1.66	22.2	1.03	23.3	0.98	20.6	1.11			
Developmentally Disabled Residents	0.0	1.2	0.00	1.1	0.00	0.9	0.00	6.0	0.00			
Mentally Ill Residents	31.4	30.0	1.05	29.0	1.08	32.5	0.97	33.6	0.94			
General Medical Service Residents	27.6	23.2	1.19	25.4	1.09	24.0	1.15	21.1	1.31			
Impaired ADL (Mean)	47.2	52.9	0.89	52.6	0.90	51.7	0.91	49.4	0.96			
Psychological Problems	61.0	51.7	1.18	55.4	1.10	56.2	1.08	57.7	1.06			
Nursing Care Required (Mean)	6.1	8.4	0.72	7.7	0.79	7.7	0.79	7.4	0.82			